

Pre-Elementary Education Longitudinal Study



Elementary School Principal Questionnaire



friends



PEELS

learn



*“because all children should count...
read, learn, grow, and have friends...”*

grow

Funded by the US Department of Education,
Office of Special Education Programs

Elementary School Principal Questionnaire

Dear Principal:

One or more children in your school program are participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). A brochure describing the study is enclosed. The child is one of more than 3,000 children nationwide who are taking part in PEELS. The Elementary School Principal Questionnaire is a critical source of information about the educational programs and services for this child. Because of this, your participation is vitally important.

Please complete the Elementary School Principal Questionnaire and return it in the postage-paid envelope within 3 weeks. Be assured that your answers will be confidential and no information will be reported that identifies you or this school. We have enclosed a gift certificate as a token of our appreciation.

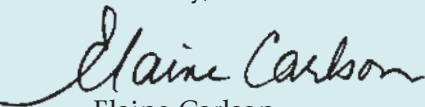
Before beginning this survey, you may want to gather the following information so that you will be able to complete the survey more quickly:

- 1. Student body demographic information, including number of students on free or reduced-price lunch program, number of students who are English language learners, and ethnicity and number of students with disabilities
- 2. School personnel numbers (e.g., number of teachers and other school personnel working in your school, number of teachers who are new to your school, and number of teachers with less than 3 years' teaching experience)
- 3. Number of suspensions, expulsions, and incidents of violence during the previous school year

If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to questions@peels.org, or visit the PEELS web site at www.peels.org.

Thank you in advance for your contribution to this very important study.

Sincerely,



Elaine Carlson
Project Director, PEELS

Call the PEELS
toll-free hot line:
1-888-534-8348

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a survey unless it displays a valid OMB control number. The valid OMB control number for this survey is 1820-0656. The time required to complete it is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the questionnaire. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Special Education Programs, US Department of Education, 600 Independence Ave., SW, Washington, D.C. 20202-4651.

Section A:

SCHOOL AND COMMUNITY CHARACTERISTICS

A1. Which of the following best describes your school? PLEASE CHECK ONE.

- 1 Regular elementary or secondary school that serves a wide variety of students
- 2 School that serves only students with disabilities
- 3 School that specializes in a particular subject area or theme, sometimes called a magnet school
- 4 Alternative school
- 5 Charter school
- 6 Another kind of school (Specify:)

A2. Which of the following describes this school? PLEASE CHECK ALL THAT APPLY.

- 1 a. Public school
- 2 b. Private school
- 3 c. Residential/boarding school
- 4 d. Home school

A3. What grade levels are taught at this school? PLEASE CHECK ALL THAT APPLY.

- 01 a. Preschool, including Pre-K
- 02 b. Kindergarten
- 03 c. 1st grade
- 04 d. 2nd grade
- 05 e. 3rd grade
- 06 f. 4th grade
- 07 g. 5th grade
- 08 h. 6th grade
- 09 i. 7th grade or higher
- 10 j. Ungraded/multigrade

A4. Around October 1 of this school year, how many students were enrolled at your school? PLEASE ENTER ONE NUMBER.

Number of students enrolled on October 1



A5. Around October 1 of this school year, how many children were enrolled at your school in **preschool programs**, including Pre-K? PLEASE ENTER **ONE** NUMBER.

Number of children enrolled in preschool programs on October 1

A6. Which of the following best describes the community in which this school is located? PLEASE **✓**CHECK **ONE**.

- 01 ☐ Rural community
- 02 ☐ Small city or town of fewer than 50,000 people that is not a suburb of a larger city
- 03 ☐ Medium-sized city (50,000 to 99,999 people)
- 04 ☐ Suburb of a medium-sized city
- 05 ☐ Large city (100,000 to 500,000 people)
- 06 ☐ Suburb of a large city
- 07 ☐ Very large city (more than 500,000 people)
- 08 ☐ Suburb of a very large city
- 09 ☐ Military base or station
- 10 ☐ Indian reservation

A7. Has your school been designated as a school in *need of improvement* or a *low-performing school* under the No Child Left Behind Act? PLEASE **✓**CHECK **ONE** IN EACH ROW.

Is this a...	Yes	No
School in need of improvement?	1 <input type="radio"/>	2 <input type="radio"/>
Low-performing school?	1 <input type="radio"/>	2 <input type="radio"/>

Section B:

STUDENT CHARACTERISTICS

(PLEASE FEEL FREE TO **ESTIMATE** PERCENTAGES OR NUMBERS AS NEEDED.)

B1. Around October 1 of this school year, about how many students in your school belonged to each of the following ethnic groups? PLEASE INDICATE PERCENTAGE OR NUMBER IN EACH ROW.

	Percentage of children	OR	Number of children
a. American Indian or Alaska Native, not Hispanic	<input type="text"/> %		<input type="text"/>
b. Asian, not Hispanic	<input type="text"/> %		<input type="text"/>
c. Black or African American, not Hispanic	<input type="text"/> %		<input type="text"/>
d. Hispanic or Latino	<input type="text"/> %		<input type="text"/>
e. Native Hawaiian or Other Pacific Islander, not Hispanic	<input type="text"/> %		<input type="text"/>
f. White, not Hispanic	<input type="text"/> %		<input type="text"/>

B2. Around October 1 of this school year, about how many students were identified as English language learners (ELL) (e.g., limited-English-proficient [LEP] or English-as-a-second-language [ESL] students)? PLEASE ENTER **ONE** NUMBER.

Number of ELL (LEP or ESL) students students

- B3.

About what percentage of your school’s students are from low-income families (e.g., have a child in the free or reduced-price lunch program)? PLEASE ✓CHECK ONE.
- 1

☐

Less than 25%
- 2

☐

25%-50%
- 3

☐

51-75%
- 4

☐

More than 75%
- 8

☐

Don’t know

B4.

During the 2002-03 school year, approximately how many of the following occurred at your school? PLEASE ENTER ONE NUMBER ON EACH LINE.

a. Expulsions	<input type="text"/>
b. Out-of-school suspensions	<input type="text"/>
c. In-school suspensions	<input type="text"/>
d. Incidents of violence	<input type="text"/>

- B5.

Around October 1 of this school year, about how many students with IEPs in your school were in each of the following disability categories?
- In EACH ROW, please enter ONE number in Column A (for children ages 3 through 5) and ONE number in Column B (for children ages 6 and older) to represent the respective numbers of children with IEPs/IFSPs for whom that disability is considered PRIMARY.

Please include each child in only one category.
- | | Number who have the following
as a primary disability | |
|--|---|------------------------------|
| | Column A
Ages 3 through 5 | Column B
Ages 6 and older |
| a. Attention deficit disorder(ADD)/Attention deficit hyperactivity disorder (ADHD) | <input type="text"/> | <input type="text"/> |
| b. Autism/Asperger’s syndrome | <input type="text"/> | <input type="text"/> |
| c. Deaf/blindness | <input type="text"/> | <input type="text"/> |
| d. Developmental delay | <input type="text"/> | <input type="text"/> |
| e. Emotional disturbance/behavior disorder | <input type="text"/> | <input type="text"/> |
| f. Hearing impairments/deafness | <input type="text"/> | <input type="text"/> |
| g. Learning disability | <input type="text"/> | <input type="text"/> |
| h. Mild mental retardation | <input type="text"/> | <input type="text"/> |
| i. Moderate/severe mental retardation | <input type="text"/> | <input type="text"/> |
| j. Multiple disabilities | <input type="text"/> | <input type="text"/> |
| k. Orthopedic impairment | <input type="text"/> | <input type="text"/> |
| l. Other health impairment | <input type="text"/> | <input type="text"/> |
| m. Speech or language impairment | <input type="text"/> | <input type="text"/> |
| n. Traumatic brain injury | <input type="text"/> | <input type="text"/> |
| o. Visual impairment/blindness | <input type="text"/> | <input type="text"/> |
| p. Other (Specify: _____) | <input type="text"/> | <input type="text"/> |
- 4
- 5

Section C:

STAFF, PROGRAMS, AND RESOURCES

C1. How many of the following personnel (including those contracted for services) work in your school during a typical week? Please report numbers in full-time equivalents (FTEs). PLEASE COUNT EACH PERSON IN ONLY **ONE** CATEGORY.

	Approximate total FTE in a typical week
a. General education classroom teachers	<input type="text"/>
b. Special education classroom teachers (self-contained or single-subject teachers)	<input type="text"/>
c. Special education resource room teachers	<input type="text"/>
d. Reading specialists	<input type="text"/>
e. Speech/communication therapists or pathologists	<input type="text"/>
f. Nursing/medical personnel	<input type="text"/>
g. School psychologists or other diagnostic personnel	<input type="text"/>
h. Guidance counselors	<input type="text"/>
i. Other related services personnel (e.g., occupational or physical therapists)	<input type="text"/>
j. Paid teacher aides/instructional assistants	<input type="text"/>
k. Librarians/library aides or library staff	<input type="text"/>
l. Itinerant or special-subjects personnel not already accounted for above (e.g., district music or physical education personnel who teach a specific subject at multiple schools or come to the school for one subject)	<input type="text"/>
m. Administrators (e.g., principal, vice principals)	<input type="text"/>

C2. About what percentage of the teachers (general education and special education) at your school...PLEASE ENTER **ONE** PERCENTAGE ON EACH LINE.

	Percentage of teachers
a. Are fully credentialed for their primary teaching assignment?	<input type="text"/> %
b. Are in their first year at this school?	<input type="text"/> %
c. Have less than 3 years' teaching experience?	<input type="text"/> %

C3. Which of the following services, resources, or programs does your school have, either as part of the curriculum, or before or after school hours? PLEASE ☒ **CHECK ALL THAT APPLY.**

Additional academic programs

- 01 ☐ a. Supplemental instructional services in reading or language arts
- 02 ☐ b. Supplemental instructional services in math
- 03 ☐ c. Academic supports, such as academic clubs, tutoring or mentoring assistance outside of regular class offerings (e.g., homework club, Saturday academies, etc.)
- 04 ☐ d. Diagnostic and prescriptive services (services provided by trained professionals to diagnose learning problems and to plan and provide therapeutic or educational programs)
- 05 ☐ e. Programs for gifted and talented students

Enrichment and recreation programs

- 06 ☐ f. Extended-day, before-school or after-school enrichment programs (e.g., Beacons programs, cultural activity groups, special-interest groups)
- 07 ☐ g. An extended school year program (e.g., classes or activities in the summer)
- 08 ☐ h. Weekend program for students
- 09 ☐ i. Band, chorus, drama, or other performing opportunities for students
- 10 ☐ j. Organized school sports activities before or after school

Health/mental health services

- 11 ☐ k. School-based health services (services provided by trained professionals—for example, physician, physician assistant, nurse, or nurse practitioner—to diagnose and treat health problems of students)
- 12 ☐ l. Counseling or pupil services

continued >

Parent or community programs

- 13 ☐ m. Family literacy program
- 14 ☐ n. Parent education or other classes for parents
- 15 ☐ o. Parent liaison
- 16 ☐ p. Family resource center or drop-in center for parents or community members
- 17 ☐ q. Services for out-of-school youth
- 18 ☐ r. School-to-work activities

Language-learning programs

- 19 ☐ s. Instruction in English for ELL (e.g., LEP, ESL)
- 20 ☐ t. Instruction in languages other than English

Other programs/initiatives

- 21 ☐ u. Title I
- 22 ☐ v. Class size reduction initiative
- 23 ☐ w. School-wide reform project (e.g., Success for All, Comer Schools, Accelerated Schools)
- 24 ☐ x. Conflict resolution/conflict management program
- 25 ☐ y. Other (Specify: _____)

C4. Which of the following service options are available for special education students at your school site? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 ☐ a. General education/inclusion program with special services provided in general education classroom
- 02 ☐ b. Part-time resource room for special education students
- 03 ☐ c. Self-contained special education classrooms
- 04 ☐ d. General and special education co-taught classes
- 05 ☐ e. Preschool classes primarily for children with disabilities (include reverse mainstream classes)
- 06 ☐ f. Preschool classes exclusively for children with disabilities
- 07 ☐ g. Preschool classes primarily or exclusively for typically developing children
- 08 ☐ h. Head Start
- 09 ☐ i. Other (Specify: _____)

Section D:

PRESCHOOL PROGRAMS

- IF YOUR SCHOOL DOES NOT PROVIDE CLASSES FOR CHILDREN YOUNGER THAN KINDERGARTEN, PLEASE GO TO SECTION E.
- IF YOUR SCHOOL DOES PROVIDE CLASSES FOR CHILDREN YOUNGER THAN KINDERGARTEN, PLEASE CONTINUE WITH D1. If you cannot answer all of the questions in Section D, please consult with someone who would have this information.

D1. The following are statements commonly associated with various educational philosophies. Which three statements best describe the philosophy or approach of your program?

- Write the number 1 next to the most important approach.
- Write the number 2 next to the second most important approach.
- Write the number 3 next to the third most important approach.

	Rank 1, 2, 3
a. We assume that children learn naturally when they are developmentally ready. The interest of the child and age appropriateness of skills are emphasized in determining program content.	<input type="text"/>
b. We believe that teaching children the knowledge and skills they need to succeed in school is critical. Structured learning experiences in academic content areas are a central part of the program.	<input type="text"/>
c. We emphasize principles of behavior modification and precision teaching. Target behaviors are specified and skills are sequenced and taught using strategies such as modeling, prompting, fading, and reinforcing of successive approximation.	<input type="text"/>
d. We combine developmental theory with a behavioral model to identify target behaviors and use behavioral strategies when appropriate.	<input type="text"/>
e. We emphasize the way individual children and parents/guardians influence each other's behavior. Interventions target primarily the parent/guardian, who is taught to interpret the child's behavior and respond appropriately.	<input type="text"/>
f. We focus on a child's medical diagnosis and concentrate on therapeutic interventions.	<input type="text"/>
g. We recognize that the child is a member of a family system and base services on the perceived strengths and priorities of family members.	<input type="text"/>
h. Other (Specify: _____)	<input type="text"/>



D2. Approximately what year were services for preschool children with disabilities first provided through or at your school? PLEASE GIVE YOUR **BEST** ESTIMATE.

Year when services were first provided

D3. How would you characterize the way children with and without disabilities are brought together in your preschool program? PLEASE **✓**CHECK **ONE**.

- 00 ☐ Not applicable—we do not currently have children **without** disabilities enrolled in this preschool class or program.
- 01 ☐ Not applicable—we do not currently have children **with** disabilities enrolled in this preschool class or program.
- 02 ☐ Children with and without disabilities are not in contact with one another.
- 03 ☐ Classes for children with and without disabilities share common space (e.g., playground/and or lunch room) **ONLY**.
- 04 ☐ Children without disabilities spend part of the day in the classroom for children with disabilities.
- 05 ☐ Children with disabilities spend part of the day in a classroom of children without disabilities.
- 06 ☐ Children with disabilities spend the entire day in a classroom of children without disabilities.
- 07 ☐ Other (Specify: _____)
- 98 ☐ Not sure; Don't know.

Section E:

SPECIAL EDUCATION POLICIES AND PRACTICES

- IF YOUR SCHOOL SERVES **BOTH GENERAL AND SPECIAL EDUCATION STUDENTS**, PLEASE CONTINUE WITH QUESTION E1.
- IF YOUR SCHOOL SERVES **ONLY STUDENTS WITH DISABILITIES**, PLEASE GO TO QUESTION E4.
- IF YOU **DO NOT HAVE ANY SPECIAL EDUCATION STUDENTS**, PLEASE GO TO SECTION F.

E1. Is there a formal and systematic written procedure for providing alternatives to students who are not yet receiving special education services and who are experiencing learning and/or other problems?

- 1 ☐ Yes ➔ **Continue with Question E2**
- 2 ☐ No ➔ **Go to Question E3**

E2. Which of the following are involved in this procedure?
PLEASE **✓**CHECK **ALL** THAT APPLY.

- 1 ☐ a. School team conference (e.g., multidisciplinary team, child study team)
- 2 ☐ b. Individual consultation provided to teachers by a specialist
- 3 ☐ c. Special education pre-referral intervention team
- 4 ☐ d. Parent conferences
- 5 ☐ e. Other (Specify: _____)

E3. Which of the following are available to general education teachers in your school when special education students are included in their classes?
PLEASE **✓**CHECK **ALL** THAT APPLY.

- 01 ☐ a. Consultation by special education staff or other staff
- 02 ☐ b. Special materials to use with special education students
- 03 ☐ c. In-service training on the needs of special education students
- 04 ☐ d. Teacher aides, instructional assistants, or aides for individual students
- 05 ☐ e. Smaller student load or class size
- 06 ☐ f. Co-teaching/team teaching with a special education teacher
- 07 ☐ g. Other (Specify: _____)
- 95 ☐ h. None of these

E4. Over the past year, which of the following have been provided to students as part of their IEP or 504 plans? PLEASE ✓CHECK ALL THAT APPLY.

Accommodations/modification

- 01 ☐ a. More time in taking tests
02 ☐ b. Test read to student
03 ☐ c. Modified tests
04 ☐ d. Modified grading standards
05 ☐ e. Slower-paced instruction
06 ☐ f. Additional time to complete assignments
07 ☐ g. Shorter assignments
08 ☐ h. Physical adaptations (e.g., preferential seating, special desks)

Additional supports and assistance

- 09 ☐ i. Reader or interpreter
10 ☐ j. Teacher aides or instructional assistants
11 ☐ k. Student progress monitored by special education teacher or related services provider
12 ☐ l. Tutoring by special education teacher
13 ☐ m. Behavior management program
14 ☐ n. Learning strategies/study skills assistance

Learning aids

- 15 ☐ o. Books on tape
16 ☐ p. Communication aids (e.g., Touch Talker, manual printing board)
17 ☐ q. Use of spell checker
18 ☐ r. Computer software designed for students with disabilities
19 ☐ s. Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
20 ☐ t. Other (Specify: _____)

95 ☐ No accommodations/modifications, additional supports, or learning aids provided (NOT ANY of items a. through t., above)

E5. Who generally participates in IEP or 504 plan development and review? PLEASE ✓CHECK ALL THAT APPLY.

- 01 ☐ a. General education academic subject teacher(s)
02 ☐ b. Special education teacher(s)
03 ☐ c. School administrator (e.g., principal, special education director, program coordinator)
04 ☐ d. School counselor or psychologist
05 ☐ e. Related services personnel (e.g., speech therapist/pathologist, occupational therapist, physical therapist)
06 ☐ f. Parent/guardian(s)
07 ☐ g. Student
08 ☐ h. Staff from previous school or program
09 ☐ i. Staff of outside service agency or outside consultant
10 ☐ j. Advocate
11 ☐ k. Other (Specify: _____)

E6. Which of the following statements best describes your school's practice regarding mandated standardized tests for students with disabilities? "When standardized tests are mandated, special education students are..." PLEASE ✓CHECK ALL THAT APPLY

- 1 ☐ a. Required to follow the same procedures and meet the same standards for successful completion as regular education students
2 ☐ b. Provided special accommodation in taking the test (e.g., reader, dictation, more time)
3 ☐ c. Provided with a modified version of the test (e.g., shortened version, different test materials covering same content)
4 ☐ d. Given the option to complete an alternate assessment
5 ☐ e. Other (Specify: _____)

E7. How are decisions made regarding which standardized tests are given to individual students with disabilities? PLEASE ✓CHECK ALL THAT APPLY.

- 01 ☐ a. Not applicable (no students with disabilities take these tests)
02 ☐ b. Principal decision
03 ☐ c. IEP committee decision
04 ☐ d. Individual general education teacher decision
05 ☐ e. Individual special education teacher decision
06 ☐ f. Parental request
07 ☐ g. Other (Specify: _____)



E8. In the most recent reporting of your school's standardized test scores, how were the scores of special education students treated? PLEASE ✓CHECK ONE.

- 1 ☐ All special education student test scores were included with scores reported for general education students in the school.
- 2 ☐ Some special education student test scores were included with scores reported for general education students in the school.
- 3 ☐ Special education student test scores were reported, but NOT included with scores for the general education students.

E9. Standards-based reform is being implemented in various ways around the country. How are students with disabilities addressed in your school's academic content standards (e.g., for math, reading)? PLEASE ✓CHECK ONE.

- 0 ☐ Not applicable, our school does not use specific content standards
- 1 ☐ General policy statement (e.g., "standards will apply to all students")
- 2 ☐ Specific references to students with disabilities (e.g., "standards will apply to students with a diversity of learner styles, including students with disabilities")
- 3 ☐ Specific written accommodations and adaptations
- 4 ☐ Individual students handled on a case-by-case basis
- 5 ☐ No special references to students with disabilities
- 6 ☐ Other (Specify: _____)

E10. Does your school arrange alternative services or placements for special education students who are expelled and/or suspended from your school? PLEASE ✓CHECK ONE.

- 0 ☐ Not applicable (special education students are not expelled or suspended)
- 1 ☐ Yes
- 2 ☐ No

E11. Does your school have a policy that prohibits the promotion of students who are performing poorly (e.g., social promotion)? PLEASE ✓CHECK ONE CIRCLE IN EACH ROW.

	Yes	No
a. Policy prohibits social promotion for general education students?	1 <input type="radio"/>	2 <input type="radio"/>
b. Policy prohibits social promotion for special education students?	1 <input type="radio"/>	2 <input type="radio"/>

Section 3:

PARENT INVOLVEMENT

F1. Which of the following forms of communication occur between parents and staff at your school? PLEASE ✓CHECK ALL THAT APPLY IN...

- COLUMN A for preschool
- COLUMN B for kindergarten
- COLUMN C for first, second, and third grades

	A Preschool	B Kindergarten	C First through third grades
a. Not applicable (i.e., our school does not serve that grade level).	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
b. Parents are given interim reports or report cards on student performance or attendance.	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
c. Parents are asked to sign off on homework.	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>
d. Parents are given phone calls or notes from teachers.	04 <input type="radio"/>	04 <input type="radio"/>	04 <input type="radio"/>
e. Parents have access to a school-sponsored "homework hot line."	05 <input type="radio"/>	05 <input type="radio"/>	05 <input type="radio"/>
f. Parents are given examples of work that meets high standards.	06 <input type="radio"/>	06 <input type="radio"/>	06 <input type="radio"/>
g. Parents have access to the school's web site with information specifically for parents.	07 <input type="radio"/>	07 <input type="radio"/>	07 <input type="radio"/>
h. A regular system for communicating with parents exists (e.g., newsletter or phone tree).	08 <input type="radio"/>	08 <input type="radio"/>	08 <input type="radio"/>
i. None of these.	95 <input type="radio"/>	95 <input type="radio"/>	95 <input type="radio"/>

F2. Which of the following opportunities are offered by your school to promote parent involvement for parents of children in preschool, kindergarten, and first through third grades? PLEASE ✓CHECK ALL THAT APPLY.

	A Preschool	B Kindergarten	C First through third grades
a. Not applicable (i.e., our school does not serve that grade level)	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
b. Open house or “back-to-school night”	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
c. Regularly scheduled schoolwide parent-teacher conferences	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>
d. Special subject-area events to which parents are invited (e.g., science fairs)	04 <input type="radio"/>	04 <input type="radio"/>	04 <input type="radio"/>
e. Parent presentations at “career days” or other occupational development activities	05 <input type="radio"/>	05 <input type="radio"/>	05 <input type="radio"/>
f. Parent education workshops or courses	06 <input type="radio"/>	06 <input type="radio"/>	06 <input type="radio"/>
g. Written contract between school and parent	07 <input type="radio"/>	07 <input type="radio"/>	07 <input type="radio"/>
h. Parent-child learning activities at school (e.g., “Family Math”)	08 <input type="radio"/>	08 <input type="radio"/>	08 <input type="radio"/>
i. Parents as volunteers in the school	09 <input type="radio"/>	09 <input type="radio"/>	09 <input type="radio"/>
j. Parents as paid classroom aides	10 <input type="radio"/>	10 <input type="radio"/>	10 <input type="radio"/>
k. Parents involved in instructional issues (e.g., materials selection)	11 <input type="radio"/>	11 <input type="radio"/>	11 <input type="radio"/>
l. Parents involved in governance (e.g., on school site management council)	12 <input type="radio"/>	12 <input type="radio"/>	12 <input type="radio"/>
m. At-home parent-child learning activities to support school objectives	13 <input type="radio"/>	13 <input type="radio"/>	13 <input type="radio"/>
n. Services to support parent involvement (e.g., child care for school events)	14 <input type="radio"/>	14 <input type="radio"/>	14 <input type="radio"/>
o. Translation of school information into languages other than English to be used by parents	15 <input type="radio"/>	15 <input type="radio"/>	15 <input type="radio"/>
p. Parents as advocates	16 <input type="radio"/>	16 <input type="radio"/>	16 <input type="radio"/>
q. Formal parent advisory committee	17 <input type="radio"/>	17 <input type="radio"/>	17 <input type="radio"/>
r. Other (Specify: _____)	18 <input type="radio"/>	18 <input type="radio"/>	18 <input type="radio"/>

F3. Which of the following are provided to children and families to support the transition into kindergarten or elementary school? PLEASE ✓CHECK ALL THAT APPLY.

- 01 ☐ a. Children and families visit our school before school starts.
- 02 ☐ b. The sending school provides us with information about individual students (e.g., student performance information, disability awareness).
- 03 ☐ c. Our school staff meet with those from the sending school specifically about individual students.
- 04 ☐ d. Parents and children are encouraged to meet with staff from our school individually before starting school here.
- 05 ☐ e. Preparatory strategies are developed for individual students who need them (e.g., behavior plans, school scheduling modifications, etc.).
- 06 ☐ f. For children with disabilities, staff participate in IEP meetings with staff from the sending school.
- 07 ☐ g. Other (Specify: _____)
- 95 ☐ h. None of these.

Date Completed: ____/____/____ mm dd yy	Please provide your name and contact information below, so that we can reach you if we have questions.
Your Name: _____	
School/Program Name: _____	
Address: _____	
Phone: () _____	
Email: _____	

Please continue to the back cover.

*Thank you for completing
this questionnaire.*

**Please return this questionnaire
in the postage-paid envelope to:**

Pre-Elementary Education Longitudinal Study
Westat
1650 Research Blvd.
Rockville, MD 20850



U.S. Office of Special
Education Programs

WESTAT

14091 10903 30279

thank you!

*“because **all** children should **count**...
read, learn, grow, and have friends...”*